



Bib Data Sheet

CONFIRMATION NO. 5016

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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/673,406 03/29/2002
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Provisional of 60/052,125 Filed 4/17/98

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 01/19/2001

** SMALL ENTITY **

Foreign Priority claimed yes: <input checked="" type="checkbox"/> no: <input type="checkbox"/>	STATE OR COUNTRY MN	SHEETS DRAWING 16	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met yes: <input checked="" type="checkbox"/> no: <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____			

ADDRESS

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TITLE

SMOKE EVACUATION SYSTEM

FILING FEE

RECEIVED
1027FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
<input type="checkbox"/> 1.18 Fees (Issue)
<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit